

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>8958</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Timothy J Watkins</u> P O Box, Bldg, Room No, if any Street <u>5020 St George Road</u> City <u>Williston</u> State <u>Vermont</u> ZIP Code + 4 <u>05495</u>	4 Name, file number, and address of labor organization Name <u>IBEW Local 300</u> Labor Organization File Number <u>042-804</u> P O Box, Building and Room Number, if any Street <u>3 Gregory Drive</u> City <u>South Burlington</u> State <u>Vermont</u> ZIP Code + 4 <u>05403</u>
5 Position in labor organization <u>Business Manager and Financial Sec</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State <u>Other</u> ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Timothy J Watkins</u>	On <u>08/01/2005</u> Date	<u>802-878-5418</u> Telephone Number

Name of Person Filing Timothy Watkins	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <u>IBEW Local 300 Health and Welfare Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>3 Gregory Drive</u> City <u>South Burlington</u> State <u>Vermont</u> ZIP Code + 4 <u>05403</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing <u>Fund receives contributions from employers in accordance with the Union's Collective Bargaining Agreement</u> <hr/> 11 b Approximate dollar value of such dealing \$86,319 <hr/> 12 a Nature of interest held or income received <u>Salary and Benefits paid to spouse Jean M. Watkins, Administrator of the Health and Pension Funds</u> <u>Salary shared by Health and Pension Funds and Local 300</u> <hr/> 12 b Amount \$47,673

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name IBEW Local 300 Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3 Gregory Drive

City South Burlington

State Vermont

ZIP Code + 4 05403

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Fund receives contributions from employers in accordance with the Union's Collective Bargaining Agreement

11 b Approximate dollar value of such dealing

\$1,192,659

12 a Nature of interest held or income received

As a Trustee of the Fund, I attended an Interl Foundation Employee Benefits conference and received out of pocket expenses Value reflects cost of airfare, hotel, meals and conference fee Date of conference 11/30/04-12/4/04

12 b Amount

\$2,265

Name of Person Filing Timothy Watkins

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Vermont Joint Apprenticeship and Training Fu

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 3 Gregory Drive

City South Burlington

State Vermont

ZIP Code + 4 05403

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Fund receives contributions from employers in accordance with Unions Collective Bargaining Agreement

11 b Approximate dollar value of such dealing

\$94,648

12 a Nature of interest held or income received

Hourly salary paid to spouse Jean M Watkins for bookkeeping services throughout year as needed.

12 b Amount

\$1,035

Name of Person Filing Timothy Watkins

File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name New England Electrical Workers Benefits Fund

Trade Name, if any

P O Box, Bldg, Room No, if any PO Box 5817

Street 60 North Main Street

City Wallingford

State Connecticut, ZIP Code + 4 06492

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State, ZIP Code + 4

11 a Nature of such dealing

Fund receives contributions from Union as negotiated in the Collective Bargaining Agreement

11 b Approximate dollar value of such dealing

\$2,326,000

12 a Nature of interest held or income received

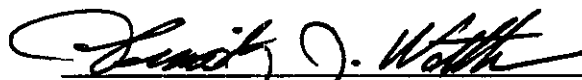
As a Trustee on the fund I attend meetings every other month I am reimbursed expenses to attend the meetings including mileage, lodging and meals.

12 b Amount

\$1,571

DISCLAIMER

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended form LM-30.

A handwritten signature in black ink, appearing to read "Lundy J. Walth", is written over a horizontal line.

Date: 8/1/05